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THE CLEVELAND MUSEUM OF ART

FORTY-SIXTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE MAY 6 to JUNE 14 1964

			/	
Born	in	Cleveland	YES	□ NO

> ш					
m & l d	Collaborator if any		Artist	SIGMUND	SHAWKEY
				FIRST NAME	LASTNAME
E A T T T T T T T T T T T T T T T T T T	Address 1248 V	VOODWARD AVE	44310	SUMMIT	Tel WA-3-4107
- m - æ	NO. STREET	CITY AKRON	ZIP CODE	COUNTY	
4-4-0					

Out-of-town residents should state whether return shipment is required.

Please enclose Registration Fee of \$2:00 (Check or Money Order) with Entry Blank..

NUMBER FOR SALE	NUMBER IN EDITION (Graphic Prts.)	PRICE	TITLE	MEDIUM	CLASS	DO NOT WRITE IF THESE COLUMNS	
		40000	NINE SCORE AND 17 YEARS AGO	CONSTRUCTION	6	2344	RV
		40000		METAL	6	2343	RY
		40000	COMPOSITION IN BLACK	METAL	6	2254	44
		10000	BOSTON HARBOR	ENAMEL	9	2345	R
		6000	UNTITLED NO-4	ENAMEL	9	2346	R

SUBMIT ENTRY BLANK NO LATER THAN MARCH 9, 1964.

This entry blank must be fully made out (typewritten or plainly lettered) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1964.

It is also understood that accepted entries will remain on exhibition until June 14, 1964.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

SIGNATURE